PTO/SB/47 (04-05) Approved for use through 05/31/2006. OMB 0651-0016 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

"FEE ADDRESS" INDICATION FORM

Address to: Mail Stop M Correspondence Commissioner for Patents	
P.O. Box 1450	
Alexandria, VA 22313-1450	
INSTRUCTIONS: Only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. When to check the first box below: If the fee address for the patent and/or application number(s) you indicate is to be established with, or changed to, an existing Customer Number. When to check the second box below: If a Customer Number representing the fee address has to be established so it can then be associated with the patent and/or application number(s) you indicate. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.	
Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
Customer Number: 22971	
OR	
Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).	
PATENT NUMBER (if known)	APPLICATION NUMBER
6,868,440	09/498,439
Completed by (check one):	
Applicant/Inventor	
Attorney or Agent of record34618 (Reg. No.)	Daniel L Hayes Typed or printed name
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	3.71. 509-324-9256 Requester's telephone number
Assignee recorded at Reel Frame	October 13, 2008 Date
NOTE. Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below."	
* Total of forms are submitted.	
This collection of information is required by 37 CFR 1.383. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO	

The CodeCod of Inflormation in Properties of the Computer of State If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2. MS1 - 0279US